MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH and 2 death. death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE filled in by the fundaments. Pages 1 in 72 hours after the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If ou side corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours HSTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? ND F YES etely completely ve carbon p NAME OF First Middle Last 4. DATE Month Oay Year DECEASED event, (Type or print) DRUS DEATH EPTEMBE 1966 SEX 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS гетточе DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Oays Hours and in any WIDOWED [OIVORCEO T (0 COUNTRY 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT (County & State, or foreign country) Sician ease and Home 13. EATHER'S NAME MOTHER'S MAIOEN NAME гетома 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT HUS badd 16. SOCIAL SECURITY NO. Address 0 (Yes, non or unknown) (If yes give war or dates of service) death cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND OEATH PART 1. DEATH WAS CAUSED BY: Elncertain IMMEDIATE CAUSE (a) burial-t OUE TO arcinoma of the stomach Conditions, if any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMEO? certifinate NO T YES 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of item 18.) detached fite Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While fter 19 at work at work p.m. 0 21. I certify that (I) (this hospital) attended the deceased from 19 66, that (i) (we) last DIRECTOR: AM, from the causes and on the date stated above. saw the deceased alive on 19 Coco, and that death occurred at 22a. SICNATURE 22b. DATE SIGNED filed ATTENOING MED. M.O. DIRECTOR 03 HOSPITAL FUNERAL PHYSICIAN'S 22d. ADORESS director, p 22c. NAME OF CEMETERY OR CREMATORY CREMATION, 23b. OATE THEREOF 236 LOCATION (City, town or county) (State) 23a. 23c. (Specify) HON REGISTRAR'S SIGNAFURE FUNERAL/OIRECTOR EC'O BY RECISTRAR 25b. 25a. VR A15 (4) 20M 3/65

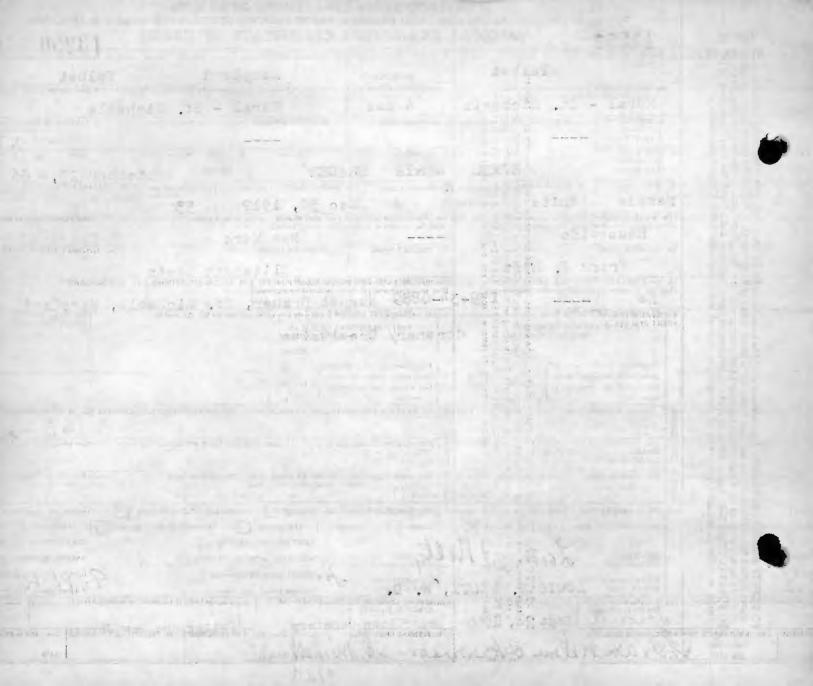
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. COUNTY b. COUNTY Talbet. Maryland Talbet MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) after 57 St. Michaels St. Michaels within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rio Vista Nursing Home completely papers. n 72 ho YES NO Water St 3. NAME OF 4. DATE Year Middle Last DECEASED carbon pa OF (Type or print) LUCY PEARL September BAYNARD 66 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and lest birthday) Months event, Hours Female White 8. WIDOWED T DIVORCED T Sept physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Talbet County. Md. USA Then please 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and Dawson Caulk Margaret Denaphin removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) the hospital or attending physician. Mrs. John Lewis, Marion, So. 7856 Carelin permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (s) INTERVAL BETWEEN 6 ONSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit Conditions, if any, which gave rise to immediate cause burial, DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use as rior to 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO VA DIRECTOR: After this carbonal should be detached for 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) of Health be retained by WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 1922.4 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... State A.M. from the causes and on the date stated above.192.2, and that death occurred saw the deceased alive on. ... 22 SGNATURE 22b. DATE ATTENDING. HOSPITAL FUNERAL DIRECTOR PHYS. M.D. Wilh pag death. Page 22c HYSICHAN'S ADDRESS 22d. ector, Filed CEMETERY OR CREMATORY DATE THEREOF 23c. NAME OF 23d. LOCATION (City, lown or county) BURIAL, CREMATION, 23Ъ. で資品 Olivet Michaels, Maryland 1966 Cemeterv 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) DATE

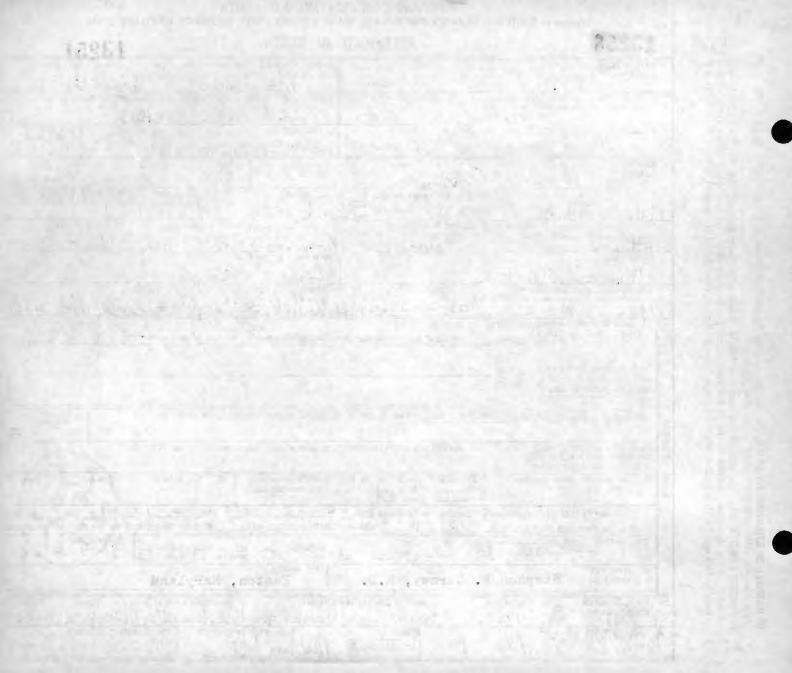
MARYLAND STATE DEPARTMENT OF HEALTH

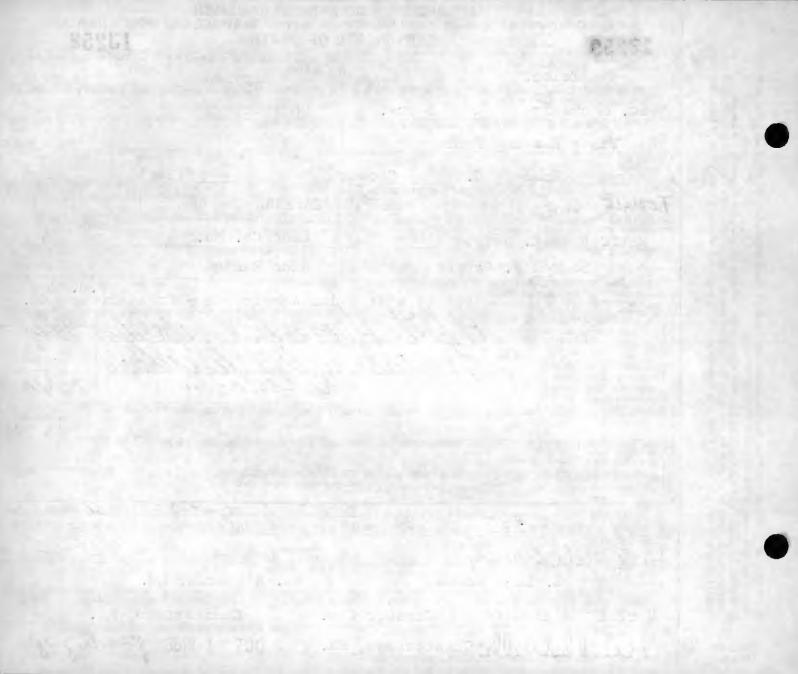
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If institution: e. COUNTY y is necessary, director. Page or your files. b. COUNTY Talbet o, Marvland Talbet MARYLAND epartment b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - St. Michaels Rural - St. Michaels 4 mas d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d, STREET ADDRESS Por a. IS RESIDENCE ON A FARM? retained State YES NOW 3. NAME OF First 4. DATE Middie Year DECEASED OF ETHEL (Type or print) MARIE BRAUER DEATH September 20.19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months Female WIDOWED DIVORCED Dec 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank J. Hart Elizabeth Geetz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service August Brauer, St. Michaels. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH .= burial-transit PART I. DEATH WAS CAUSED BY: Coronary Occulusion IMMEDIATE CAUSE (a) Office DUE TO plnods Conditions, if eny, which ion, (b) gave rise to Immediate cause in a Examiner's **DUE TO** cremafi (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION uld be u burial PERFORMED? Medical NO M shoul 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | EXAMINER CAUSE OF DEATH. writing to Chief A MEDICAL Page P 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While agent, Hour a.m. at work at work certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion CAL Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER LOUIS WELTY. S. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify **⊒**40 ₹ Sept 1966 Cedar Lawn-Cemetery 244. REC'D BY REGISTRAR TO PREGISTRAR SHOPATION 23 FUNERAL DIRECTO VR ATSME DATES



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTA MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR write RURAL and give negrest fawp. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, address), d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 309 NO I carbon 3. NAME OF 4. DATE First Day Year DECEASED OF (Type or print) DEATH dny even SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR EVER MARRIED remaye Jast birthday) Months Hours Days DIVORCED WIDOWED physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY ATTORNEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unknown) (If yes give wor ar dates of service) 213-20-3760 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which agve rise to immediate cause (o). DUE TO stating the underlying couse prior to as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use should be filed with the State Dept. of Health p NO YES T 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (State) (County) Hour o.m. foctory, street, office bldg., etc.) Not While While at work at wark 21. I certify that (1) (this hospital) attended the deceased from 1966, that (1) (we) last M, from causes and an the date stated abave. sow the deceosed alive an-9-17 and that death occurred at X 19 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Stephen P. Carney. M.D. Easton, Maryland NAME (Type) 23b. DATE THEREOF NAME OF CEMEIERY OR CREMATORY 23a. BURIAL, GREMATION, 23d. LOCATION (City of Town), (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb. REGISTRAR'S 2Sa. RECID VR A15 (4) 20 M 1/66





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	by Page	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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	The law requires that the death certificate be executed within or attending physician. ate has been signed by the attending physician and completely use as the burial-transit permit. There please, remove carbon pailth prior to burial, cremation, or remover and in any event, within	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
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	N: The late or at the control of the	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? Cerebral arteriosclerosis. Arteriosclerotic ht. Jusqu'yes \(\) NO [3]
	ital tific for f He	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	cer cer cer cer cer cer cer cer	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part II of Item 18.) OR COUNTRIBUTION CAUSE OF CEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part II of Item 18.)
	PHYSICIAN: The la the hospital or at this certificate h defached for use e Dept. of Health	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Parties and Factory, street, office bldg., etc.) (City or town) (County) (State)
	ING PH) 1 by the Wher th be det	Hour a.m. While Not While at work at work at work
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	etai etai 3.705 sho ith t	saw the deceased alive on 8 31 - 19 66, and that death occurred at 3 32 AM, from the causes and on the date stated above
	DR /	22a. SIGNATURE ROBERT W. TREVEN M.O. PHYS. MEO. STAFF PHYS. D O/1/66
	AL Day	200 PHYSICIANIS D.1. I ST m
	SPIT 4 n MER/ MER/ Itor,	22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. D. 22d. Easton, Maryland 9/1/66
	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, creative the contraction of the contractio	23a. BURIAL, GREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, Aown of county) (State)
	5 5 2 5	Burial Sept 3.1966 Christerial Cemetery Centreville, MARVIAN 21611
	(3)	24. FUNERAL OIRECTOR 2 A C AODRESS 258. REC'O BY RECISTRAR 256. RECTSTRAR'S SIGNATURE
	VR AIS (4) : 20M 1/65	Jan 18. Burner Jacon 8th, when the OATE SEP 6 1966 Missley Judge



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		61	CERTIFICAT	E OF DEATH		-13250	4
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		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)	3 mous	c. CITY OR TOWN (IF	outside corporate limits, v		e. IS RESIDENCE
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		F 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED [7/26/1869	last birthday 97 yrs.		Hours Min.
Jensey.	dur	Housework	ID DF BUSINESS DR DUSTRY	Talbox	ounty & State, or foreign count Maryland	try) 12. CITIZEN COUNTR	Y?
		Elias O. Dawson		Anna K.			
		i. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SC 220 10. or unkown) (If yes give war or dates of service) (120 200		INFORMANT Lours	les Johnson, (nd.
		18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).] feture			ON:	ERVAL BETWEEN SET AND DEATH Elieble
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	CERTIFICATION	Fractured hip :	1966	July		Y	PERFORMED?
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		21. I certify that (I) (this hospital) attended saw the deceased alive on 31 and	the deceased from 19 66, and that	death occurred at	to 12 def	s and on the dat	
		222. SIGNATURE Syphen D. Can	nje M.O	PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SI	2 - 66
		22c. PHYSICIAN'S NAME (Type)	0	22d. ADDRESS	1004 1004 101		(0)-1-1
		Burial (Specify) 9/14/1966	Spring Hill		23d, LOCATION (City,	L	(State)
2	24 Y	Names E. Vennamas	ADDRESS FOR EASTOR	NA -	EP 1 4 1966	REGISTRAR'S SIGN	1 - 1 4 4 9



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ATTI reta CTO CTO Shi vith		saw the deceased alive on 22a. SIGNATURE	19 6 G and that	death occurred at M, from	the causes and on the date	
AL OR hay be IL DIRE		1 Tysu	M.D.	ATTENDING MED. DIRECTOR	STAFF PHYS. D 9-10	-66
may may r. Par fig. P		22c. PHYSICIAN'S NAME (Type) PI AND A	511/6	36 AURORI	1 41 TAS	700
TO HOSPITAL OR ATTENDII Page 4 may be retained TO FUNERAL DIRECTOR: A: director, page 3 should should be filed with the S		VICALUIE D	17301			10/-
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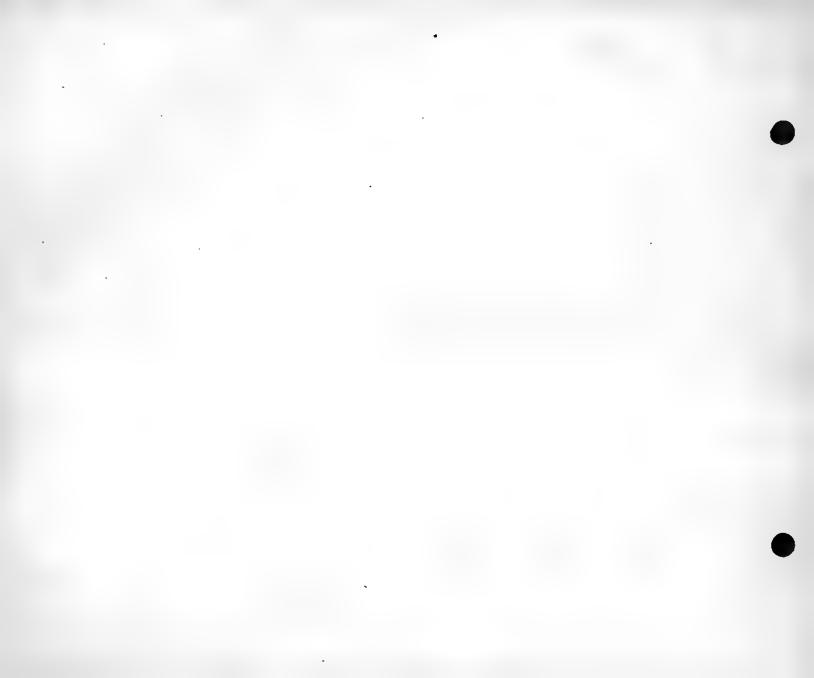


1	,	Item #05,0, & d. Film MARYLAND STATE DEPARTMENT OF HEALTH
		CERTIFICATE OF DEATH
s after funeral should	X	1. PLACE OF DEATH 1 2 USUAL RESIDENCE (Where deceased lived, H institution and deceased lived, H instituti
fun sho	of mark "	Me I hot b. COUNTY MAYKA4//
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thin ed ages s affs		d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE
our.		TOO NO UTERING TOO NO VIEW NOTE
urtec pper 72 j		3. NAME OF First Middle Last 4. DATE Month Dey Yeer
exectomb comp		(Type or print) Lavania May Ely DEATH 9/19/66 19
nd nd		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. But berthday) Months Days Hours Min.
an a		No. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BISTHELACE (COUDIN & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rtifiç saici		done during most of working life, even if refired) house wife Queen Anne. Md. USA
3 A C		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Te Constitution		William D. Wrightson Martha A. Thursby
the attention hen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgive were detesof service)
hat ithe a		no none records of Home for Aged Women of East
es t cian by armit		18. CAUSE OF DEATH (Enter only one cause per fine for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY:
hysi ned iit pe		IMMEDIATE CAUSE (0). Conjester real faction 2 days
w re		Conditions, if eny, which) (b) attento-clerater kent disease many of
andija beer rial-i crer		gave rise to immediate cause
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C C C		21. I certify that (I) (this hospital) attended the deceased from
Stat		226. SIGNATURE 7 22b. DATE
事。		Allyshen of Carry M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 19 Sup & STAFF
Page with	1	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
HOSPITA ath, Page FUNERA actor, pag	4	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
- 2 - 2 -	0	REMOVAL (Specify)
P P P P P	1	Burial 9/21/66 Loudon Park Baltimore Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE
15M 7/61	10	The Jay D. Heverin Funeral Home, Easton, Wd. SEP 26 1966 2 arley Judge
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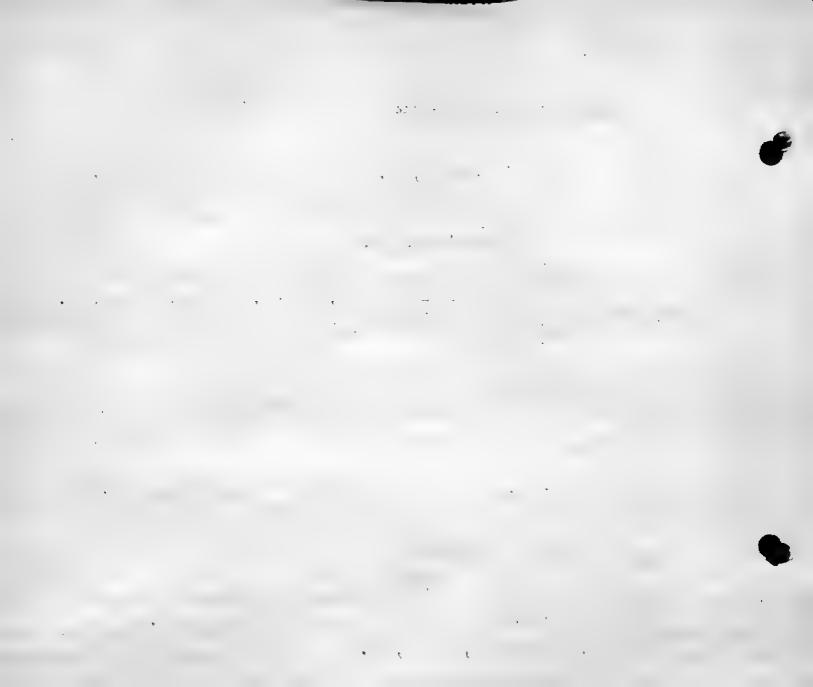


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution: o COUNTY o STATE Page σŧ death MARYLAND delay C LENGTH DE STAY N IL b CITY OR TOWN (If outside corporate limits. ourside carparate limits, write RURAL and give nearest town) pup Departm after d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs (Office along with farm State Give Pages YES T NO 24 hours after death NAME OF M. ddle 4. DATE Last Month Year within 72 DECEASED OF 19 6 6 Type or print DEATH AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED IF UNDER TYEAR lost pirthdoy) Months Davs MOLES NEGRO WIDDWED DIVDRCED OCCLPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even stretired) INDUSTRY COUNTRY? d "pending" in pentil in Chief Medical Examiner's This certificate should be executed within 13. FATHER'S NAME and 16 SDC A. SECURITY NO 17 INFORMANT ar remaval, ves give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN ANSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, crematian, DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO stating the underlying couse last 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO DA p 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED (Enter noture of injury in Port I or Port II of Item 18.) its designated agent, priar PRIMARY Or CONTR BUT NG CAUSE OF DEATH. 20c TIME OF NJJRY Month, Day, Year 20d IN JRY OCCURRED 20e PLACE OF INJURY (Home, form, 20t (City or fown) ((ounty) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work Inspection 🔀 Inquiry | and in my apinian the funeral directar. death resulted from: Suicide Undetermined manner Natural causes Accident Hamicide be refaired CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION DATE THEREOF CREMATORY 23d LOCATION (City or Town) 0 25o. REC D BY REG STRAR 25b REGISTRAR S SIGNATURI ELINERAL DIRECTOR 1966 VR ATSME (5) 6M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
OR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12050	
ALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institution: Residence before adm	ussial
6.5	a. COUNTY Talbot MARYLAND STATE Maryland b. COUNTY Talbot	
E E	b, CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 16 c, CITY OR TOWN (if outside corporate limits, write BIRA) and give negret town.	
	Knowbovno Easton (rural) XX too Cordova	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESID	
	ON A F.	
	3. NAME OF First Middle Lest 4. DATE Month Dey Year	
	(Type or print) James Otis Faulkner: Sr. DEATH Sept. 9 1966	,
	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24	HRS.
	male white widowed Divorced 16/12/1932 Styrs. Manths Days Hours	Ain.
	10a. USUAL OCCUPATION (Give kind of work done during most of werking life, even if reflect) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	INTR
	Truck driver Working life, even it respect	
	13. FATHER'S NAME	~
	Otis Faulkner Anna Brooks	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Iffyesgive were redates of service)	
	no no 213-26-7434 Mrs. James O. Faulkner, Condova, Md.	
E A	18. CAUSE OF DEATH [Enter only one cause of line for (e)., (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEA	EN TH
O E	IMMEDIATE CAUSE (a)	- 4
	X DUE TO	
	Conditions, if any, which (b) gave rise to Immediate cause	
	(a), stelling the undarlying DUE TO	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO	DECH
	PERFORM	ED?
	YES NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.)	_Ц
	PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Ste	te)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour and 7-9 19 66 at work of work of work of the work of work of work of the	1
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opin	ion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE COLLA (IVOLTY M.D. ASSISTANT MEDICAL EXAMINER (DATE SIGNE	D
	EXAMINER'S INVESTIGATION OF THE STATE OF THE	/
	NAME (Type) Address (Street, city, town, or county)	9
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	_
B	Burial 9/13/1966 Woodlawn Memorial Park Easton, Md.	
w	23. FUNERAL DIRECTOR ADDRESS	
N	MURICE E. NEWNAM & SON, Easton, Md. DATE SEP 15 1966 Johnsley Judge	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b & c Film CERTIFICATE OF. DEATH be executed within 24 hours after death. death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY a. STATE # b. COUNTY and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If potside corporate limits, write RURAL and we negrest town) write RURAL and give negrest town) filled in by Easten papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? enw60 YES NAME OF remove corbon DATE Lost Month Day Year completely DECEASED (Type or print) OF DEATH 19 S SEX 6 COLOR OR RACE YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years of UNDER IF UNDER 24 HRS Manths Days Hours DIVORCED and CLPATION (Give kind of work done **FOR KIND OF BUSINESS OR** 12. CITIZEN OF WHAT of working life, even if retired) COUNTRY? requires that the deoth certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal WAS DECEASED EVER IN L. S. ARMED FORCES? 17. INFORMAN 16 SOCIAL SECURITY NO (Yes, no, or unknown) I(If yes give warmor dates of service 18. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIB WAS ALTOPS' PERFORMED? TING TO DEATH BUT NOT/RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Jern 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame form. 20f. (City or town) (County) (State) Hour a.m While Not While factory, street, office bldg, etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at 3 30M, from causes and on the date stated obave. sow the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23h DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County (State) FUNERAL DIRECTOR **ADDRESS** 2Sa REC'D 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/665



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 deathy death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) =d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ITTLE MT. HOPE FARM YES THE NO T WHOK executed within etely NAME OF First Middle DATE Month Day Last DECEASED DEATH (Type or print) DWE 19 HONT A AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX and con 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED and in any WIDOWED [DIVORCED 10a. USUAL DCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT attending physician rmit. Then please COUNTRY death certificate be foring most of working life, even if retired) FATHER'S NAME MOTHER'S MAIDEN NAME remova STEWART HALLOWELL WESLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17. INFORMANT LITTLE INT. HOPE TARM 9 (Yes, no, or unknown) | (If yes give war or dates of service) 1211-30-SOUSMRS, GLENNT. RAODE MTZ CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). INTERVAL BETWEEN bur al-transit burial, cremat requires that the DNSET AND DEATH PART I, DEATH WAS CAUSED BY: La. IMMEDIATE CAUSE (a) signed I DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, (c) 19. WAS AUTOPSY PART II. D THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(4) for use Health PERFORMED? certificate YES [NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detacher (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After While D.M. at work at work 1966 1966, that (I) (we) fast 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR. age 3 should M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. page allers De DIRECTOR M.D. Page 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) 1966 REC'D BY REGISTRAR I 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS VR AIS



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
.c	= = 1	CR THOM HID BAIM CERTIFICATE OF DEATH 13261
10 to	funeral	1. PLACE OF DEATH a. COUNTY Talbot MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE Navyland b. COUNTY Talbot
A street	in by the Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) St. Michaels C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Tilghman
5	age 3/2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dr. Office's Spencer Building) d. STREET AODRESS e. IS RESIDENCE ON A FARM? YES NO 2
2 C	and completely filemove carbon particular any event, within	3. NAME OF DECEASED (Type or print) James Dobson Harrison, Jr. Middle Last 4. DATE Month Oay Year OF DEATH 9/15 1966
41400	and com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH male white WIDOWEO OIVORCED 6/14/1920 9. AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HR: Months Oays Hours Min.
24	sician sician and in	102. USUAL OCCUPATION (Give kind of work done during most of, working life, even if retired) 10b. KIND OF BUSINESS OR during most of, working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (County & State, or foreign country) 14. CITIZEN OF WHAT COUNTRY?
3.7	ding phy t. Then pr	13. FATHER'S NAME James Dobson Harrison, Sr. 14. MOTHER'S MATOEN NAME Mary Mushaw
	attend ermit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Yes WW111 220-01-8388 Mrs. J. Dobson, Harrison, Tilohman, Nd.
The state of the s	attending physician. that has been signed by the attending physics as the burial transit permit. Then pilp prior to burial, cremation, or removal.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)-3. PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) UNITERVAL BETWEEN ONSET AND DEATH OUE TO UNDERTO (d) DUE TO (c)
Š F	ine all or all or all or all or all or use or use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 202. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1000	the hospital this certifi detached fo Dept. of H	
	Miter After be o	Hour a.m. While Not While p.m. 19 at work at work factory, street, office bldg., etc.)
_	to the Allenian of the Control of th	21. I certify that (I) (this hospital) attended the deceased from 19/15, and that death occurred at 19/15, a
6	Page 4 may Degree 4 may Degree 4 may Degree 6 Degree 7 De	NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
,	VR A15 (4)	REMOVAL (Specify) 9/18/1966 St. John's Cemetery Tilghman, Md. 24. FUNERAL DIRECTOR NEWNAM & SON, Easton, Md. OATE SEP 2 0 1966 (Charles Junior
	20M 1/65	TORIE - LO TORO TORING THE STATE OF THE STAT

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funera ave carbon papers. Pages 1 and o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside carparate limits, r LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE Manth Year Lost Doy DECEASED OF 19 66 DEATH (Type or print) S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Manths DIVORCED e rem 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) ltimore Manuland none on 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or remavol Thomas Henshey unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service permit. Charles Fortenbauch. Oxford. Ad. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by Hyploties Proclate DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse by the hospital ar ottending this certificate has been be detached for use as the State Dept. of Health prior to WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES -NO 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Hour om factory, street, office bldg , etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram , that (I) (we) last be retained director, page 3 should should be filed with the M, fram causes and an the date stated above. and that death accurred at 4 TO FUNERAL DIRECTOR: saw, the deceased alive on DATE SIGNED M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) John N. Robinson Easton. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (Stote) DATE THEREOF anding Neck nappe FUNERAL DIRECTOR REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66

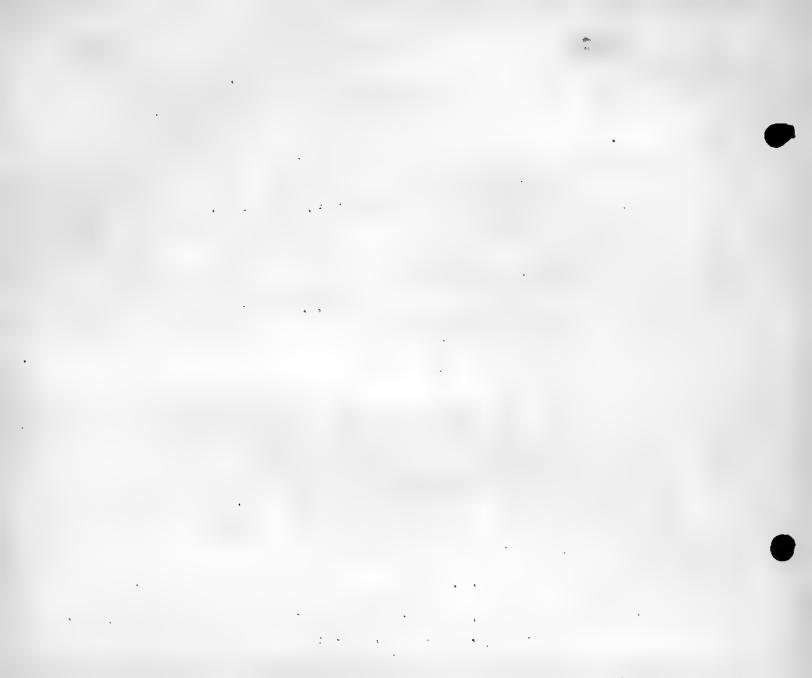
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF filled in by the funeral in papers. Pages 1 and 2 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) a. COUNTY h COUNTY MARYLAND van papers. Pages 1 within 72 hours after b CITY OR TOWN (if outside carporate limits, LENGTH OF STAY IN 1b write RURAL and give nearest town IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION not in haspital give street address) d STREET ADDRESS YES NO oletely fi karban 3. NAME OF First Middle 4. DATE Month Year Last DECEASED (Type or print) DEATH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 7 MARRIED last birthdoy) Months Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT dur narmost of working life, even if retired) COUNTRY? burial, cremation, ar removal, and 00 d 14. MOTHER'S MAIDEN FATHER S NAME 16 SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c). O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO use as the talth priar talt stating the underlying couse last 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) with the State Dept. of Health 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL ((City or tawn) 20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased fram 752M. from causes and an the date stated above. saw the deceased olive on. and that death occurred at / 22b. DATE SIGNED 22 a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S W. Trever, M.D. Easton. Md. NAME (Type) Robert NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF (County) (State) eriax 2Sa. REC D BY REGISTRAR - ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

1.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death death ond 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) completely filled in by the funeral nove corban papers. Pages 1 and PLACE OF DEATH g. STATE a. COUNTY **b** COUNTY move corban papers. Pages 1 dny event, within 72 hours after MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN carparate limits, write RURAL and give nearest town write RURAL and d STREET ADDRESS IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) NO 🔀 AE2 law requires that the death certificate be executed within NAME OF Middla DATE Month Dov Year **DECEASED** OF Type or print DEATH S. SEX 6 COLOR OR RACE AGE (In years YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Days Hours WIDOWED DIVORCED signed by the ottending physicien and burial-transit permit. Then please ten KIND OF BUSINESS OR 12 CITIZEN OF WHAT 106 State, or foreign country) during most of warking life, even if retired INDUSTRY COUNTRY? XX 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, BBB WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, or unknown) (If yet give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse be detached far use os the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 should be detached far use should be filed with the State Dept. of Health NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) Hour om. factory, street, office blda, etc.) While Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19 /26 that (1) (we) last M. fram causes and an the date stated above. and that death accurred at saw the deceased alive an. 22a. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS (22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR, CREMATORY 23b DATE THEREOF LOCATION (City or Tyryn) BURIAL, CREMATION 230 (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25s. REC'D BY REGISTRAR VR A15 (4) 2II M 1/66

1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
hours after death d in by the funeral rs. Pages 1 and t hours after death	1. PLACE DE DEATH a. COUNTY COUNTY
iffiin 24 hours after ately filled in by the bon papers. Pages 1 within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
24 filler paper	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 204 On A FARM. YES D NO.
uted within completely fore carbon p	3. NAME OF DECEASED (Type or print) WS-Quina W. Rolling Received DEATH 9 AGE (In years FUNDER 1 YEAR FUNDER 24H 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24H 18 the print of
e executec an and cor e remove in any eve	Jemale White WIDOWED DIVORCED Vov. 2 J, 1899 last birthday) Months Days Hours Mil 10a USUAL OCCUPATION (Give kind of work done of line) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be e physician please i bvai, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death certifics a attending p permit. Then tion, or remove	Henry Schlothauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
The law requires that the is or attending physician. Finate has been signed by the or use as the burial-transit dealth prior to burial, creman	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE C
NG PHYSICIAN I by the hospita Vier this certil be detached f State Dept. of	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.) By the street of the street
OR ATTENDIN be retained b INECTOR: Afi ge 3 should b ed with the S	21. I certify that (I) (this hospital) attended the deceased from 9-7, 1966, to 9-24, 1966, that (I) (we) is saw the deceased alive on 9-23 1966, and that death occurred at 15M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	22c. PHYSICIAN'S NAME (Type) Robert W. Trever 22d. ADDRESS Easton, Md.
Toran Park	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 9/26/66. Parkwood (emetery Baltimore, Md. 24. FUNERAL DIRECTOR (2000) PARKWOOD (EMETERY) PARKWOOD (EM
VR A15 (4) 20M 1/65	J. 6. Boulais Freenston Mil. Toate SEP 27 1966 Marles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if most tution, Residence before admission) o. STATE Maryland a. COUNTY b COUNTY lbot MARYLAND lease remave carban papers. Pages 1 and in any event, within 72 hours after c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write, RURA, and give nearest town) Sherwood completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 21665 Box YES 🗍 NO be executed within 3 NAME OF First Middli Last 4. DATE Year DECEASED (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS last birthday) Manths Feb. 6, 1899 Female White WIDOWED DIVORCED pup 10a USUAL OCCUPATION (G ve kind of work done during mast of working life, even if ret red)
HOUSEWILE 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Baltimore, Maryland requires that the death certificate 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Shipley Doudiken, Sr. Edward burial, cremation, ar rema IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no ar Linknawn) (If yes give war of dates at service) Mr. Stewart R. Kennard same address INTERVAL BETALLEN CAUSE OF DEATH (Enter only one cause per line for (p); signed by the burial-transit g PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave (b) rise to 'mmediate cause (a) DUE TO stating the underlying cause priar ta has been far use as the last PART IF OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? NO this certificate On ACC DEMI WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) directar, page 3 should be detached that should be filed with the State Dept. of 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a m factory, street_office blda . etc.) While Nat While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hosewal offended the deceased P.M. from causes and an the date stated above. saw the deceased alive an and that death accurred at SIGNATURE 22b. DATE SIGNED 22a M.D. PHYS DIRECTOR PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) **BURIAL CREMATION** DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) HEMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE

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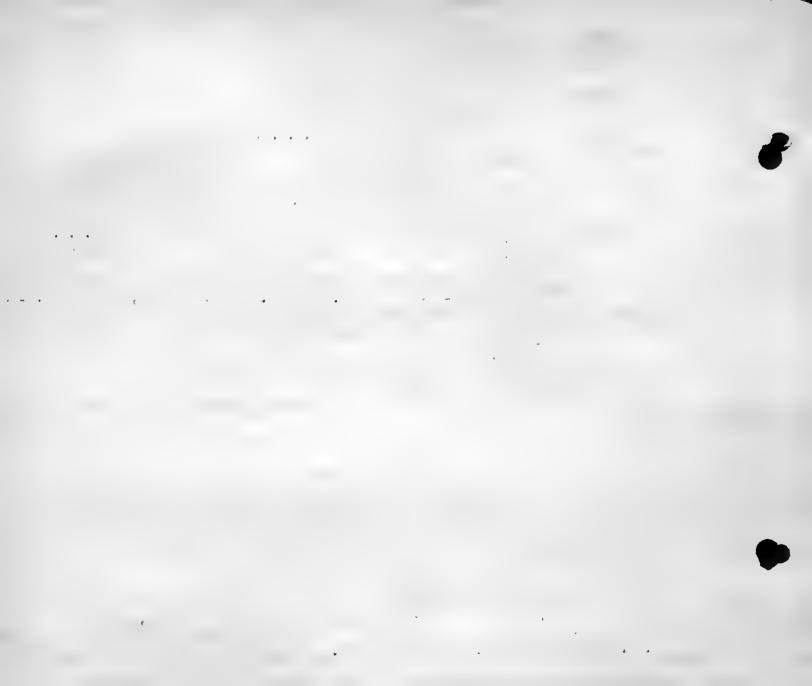
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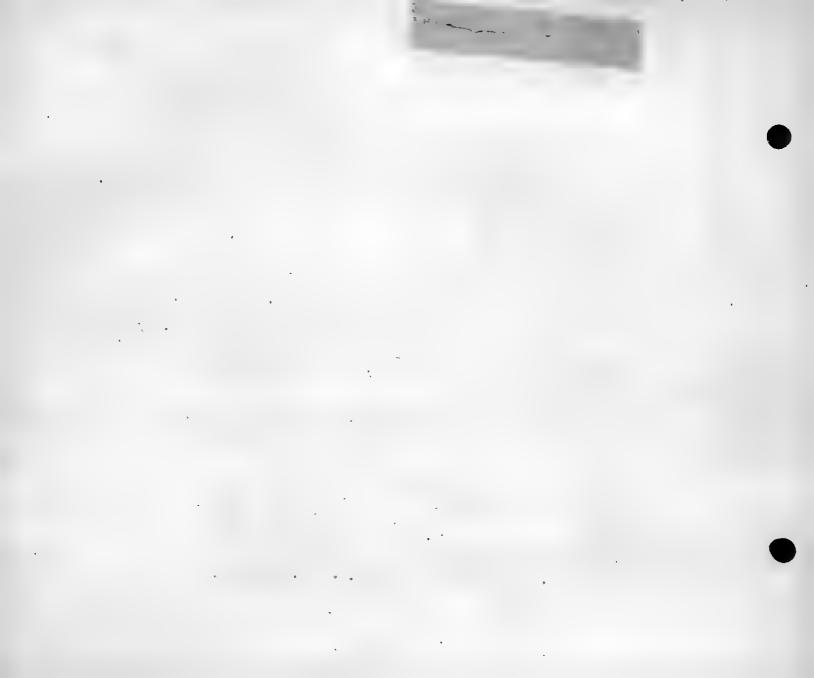
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* * ALENICAL EVALUATION CENTIFICATE OF BEATH 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1020 &	
1. PLACE OF DEATH • COUNTY // LBOT MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edinistic • STATE (II) b. COUNTY // ROLLNE	on
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) PR STON RD	
Route 50 R.F.D. # 1	
3. NAME OF DECEASED VIlliam Theodore (Type or print) VIII Am Theodore (Type or print) (Type or print) VIII Am Theodore (Type or print) (Type or print) VIII Am Theodore (Type or print) (Type	
WIDOWED DIVORCED 10-19-02 163 yrs. Months Days Hours Min.	_
netired roads board Trenton, New Jersey U.S.A.	K)
Unknown	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) Yes W W 1 218-12-1478 Mrs. Sarah L. Kraus, Preston, Maryland R.F.D.	•
18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (e) ONDET AND DEATH ONSET AND DEATH	
Conditions, if any, which \ \{b\}	
gave rise to Immediate cause (e), stating the underlying cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO []	¥
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Placetory, street, office bidg., etc.) 1200015	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	
ACTUAL SIGNATURE ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED	
EXAMINER'S Louis S. 1/elty Address (Street, city, town, or county)	-
EXAMINER'S Louis S. 1/elts FOR DEPUTY MEDICAL EXAMINER 9-6-66	
110000000000000000000000000000000000000	b. CITY OR 10 WAN (if outside corporate limits, s. LENGTH OF STAY IN 10 with 8 Manual State of the state of t

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLANT, STATE DEPARTMENT OF HEALTH
OIVISION OF STATISTICAL RESEARCH. AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Kent MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) remove carbon papers. Pag in any event, within 72 hours write RURAL and give nearest town) 24 hours Worton (Adult Lifetime) Ξ e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS KXXON YES NAME OF Middle DATE Last Month Day DECEASED JEWELL (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED [DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) COUNTRY? Kent Co. Md. USA Feed Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Lee Florence Dowling 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address death (Yes, no, or unknwn) | (If yes give war or dates of service) Helen E. Lee 03 Worton, Md. 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART)I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES T 2Da. ACCIDENT WAS UNDERLYING Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Jujury in Part I of Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I pertify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 5.0 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED director, page should be filed DIRECTOR ADDRESS Maryland FUNERAL Wroth Lane 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) 29 /66 Chester Cem. Chestertown. ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 2DM 1/65



1 M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13969 D	1A 730
HEALTH DEPT.	1 PLACE OF DEATH O COUNTY 1 B O STATE D COUNTY 1 B COUN	odm ssion)
my delay is 2, and 3 to PM3. Page partment of affer death.	b CITY OR TOWN (I gutside carparate mits, write BURAL and give negrest town) MARYLAND C CITY OR TOWN (If ourside carparate mits, write RURAL and give negrest town)	town)
Por Por	d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street oddress) d STREET ADDRESS	IS RESIDENCE ON A FARM?
_ 2	3 NAME OF First Middle I Lost 4 DATE Month Dov	Year Year
affer death. If a glong with form within 72 hours	DECEASED (Type or pnnt) S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (n years) IFUNDER I YEAR	19 66 IF UNDER 24 HRS
5 00 D 7 5 5	MALE WIDOWED DIVORCED MARCH 12 1909 57 birthday) Wonths Doys IDO USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 1 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF	Hours Min
	during most of working life, even fretired) WATER MAN 13 FATHERS NAME 14 MOTHERS MAIDEN NAME	4
I within 24 in pencl in Exominer's File pages and in ony	Byron Lyon Florence MERCER	
oxecuted nd ng' in Medical E permit. F permoval, a	15 WAS DECEMBED FOR N U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (YES) (100-09-2238 Mrs. Mary Frances Lyan Overwhom.	Md.
be execute pending' hief Medical onsit permit.	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c))	RVAL BETWEEN ET AND DEATH
should be end of the Chief is burial-tropsit mation, or re	Conditions, if ony, which gove) (b)	
certificate should wrting the word inworded to the C used as o bunal-it burial, cremation,	rise to immediate couse (a), stating the underlying couse (c) last (c)	
INER: This certificate should be executed within 24 e certificate, writing the word pending in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages of, prior to burial, cremation, or removal, and in any	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a)	WAS AUTOPSY PERFORMED?
MINER: This the certificate, 4 should be fruit files. e 3 should be gent, prior to	YE 206 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 206 TIME OF INJURY Month, Doy, Year Hour o.m. 206 INJURY Month, Doy, Year While Not While factory, street, office bidg., etc.) YE 206 EXTERNAL CAUSE WAS PRIMARY OF INJURY Month, Doy, Year Hour o.m. 206 TIME OF INJURY Month, Doy, Year Hour o.m. 207 TIME OF INJURY Month, Doy, Year Hour o.m. 208 TIME OF INJURY Month, Doy, Year Hour o.m. 208 TIME OF INJURY Month, Doy, Year Hour o.m. 209 DESCRIBE HOW INJURY OCCURRED 200 P.ACE OF INJURY (Home, form, for	NO L
EXAMINER: T cute the certification on the should by your files. I your files. Page 3 should ed ogent, prior	CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour o.m. While Not While factory, street, office bidg., etc.)	(State)
AL EXAM execute the resecute role resecute	p.m. 17 of work of work	in my opinian
ortal se exe ector P ined fo	deoth resulted from. Notural causes , Accident , Suicide , Hamicide , Undetermined monner .	. ,
EPUTY MEDICAL SISSORY, please e. funeral director ay be retained INERAL DIRECTOR IIIh or its design	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MADICAL EXAMINER	2. DATE SIGNED
necessary, please execute the certificate, the funeral director Page 4 should be fis may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	EXAMINER'S NAME (Type) BQ 6	(Stote)
5 = = 2 E	PREMOVAL (Specify) SEPT. 24.1966 CHESTERFIELD CENETERY CENTREVICE, MARY IN ADDRESS 250, REGISTRAR 250, REGISTRAR'S SIGNATURE	d 21617
VR A15ME (5)	Dorn H. Buty Buty Bur Centimble M. DAIE SEP? 1. 1966 Johnston	I wise



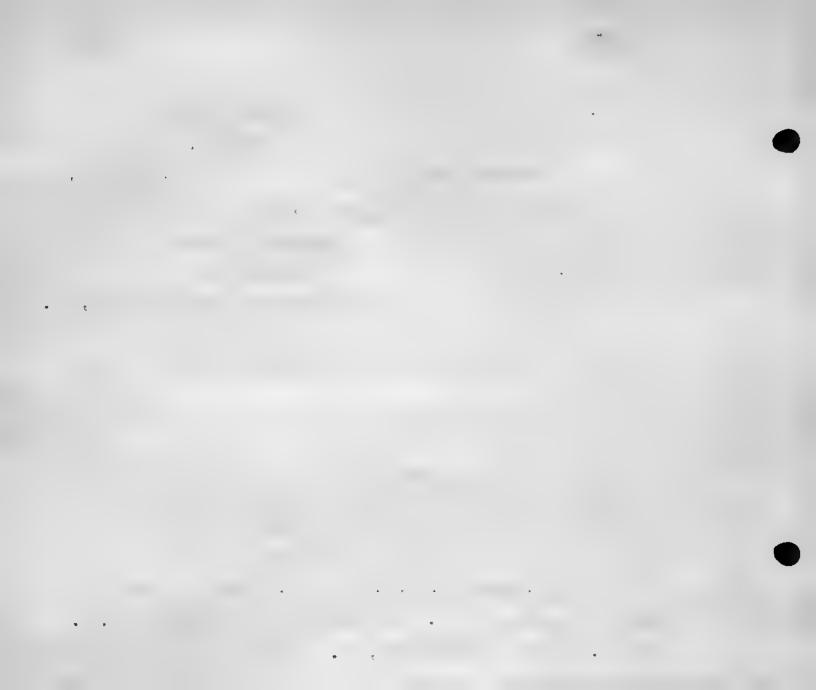
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPA PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY O STATE MARYLAND Page TALBOT! death 0 MARYLAND Talbot b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURA. and givernoorest town) offer DOA XPRESTOR Trappe d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI form hours ON A FARM? MEMORIAL HOSPITAL Give Pages NO 3 NAME OF with the Str within 72 1 4 DATE DECEASED 0F 19 66 SEPT. 15 (Type or print) DEATH 5 SEX 4 COLOR OR RACE DATE OF BIRTH 9. AGE (n years IF UNDER YEAR F UNDER 24 HRS 59 birthdoy) white male Months Doys Hours MIDOWED DIVORCED Pours event 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working toe, even if retired) COUNTRY in ony pages 13 FATHER'S NAME MOTHER'S MAIDEN NAME within репсу = and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT b≡ mxecuted removal. (Yes, no, aranknown) (If yes give wor or dotes of service) 21.5-18-4/16 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH Coronary occlusion of prior Coronary Ю IMMEDIATE CAUSE (o) certificate should writing the word cremotion, DUE TO insufficiency Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED? please execute the certificate. NO X YES ogent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or fown) 20c TIME OF INJURY Month Day, Year (County) (Stote) Hour om Not While factory, street, office bldg., etc 1 moy be retoined for your FUNERAL DIRECTOR: Page ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X, Inspection , and in my opinion deoth resulted from-Notural couses to Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 9-15-66 for DEPUTY MEDICAL EXAMINER & **EXAMINER'S** 5 moy | TO FUNE Welty NAME (Type Address (Street, city, town, or county) 230 BLRIAL CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) Memorial 50 Backens 25b REGISTRAS SIGNATURE 2So. REC D BY REG STRAR 24 FUNERAL DIRECTOR/ VR A15ME (SA 1866



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a dmission) a. COUNTY b. COUNTY Talbot Talbot Marvland 12 th MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town after .E.T Rural - St. Michaels 3 wks Easton Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE papers. Pag ON A FARM? Rio Vista Nursing Home 410 North St. YES NO TY completely executed 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) HOWETH MILES DEATH TOSEPHINE September 24, 1966 and con cerbon at, withir 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years Pe last birthday) Months Pemale. 81 WIDOWED W DIVORCED March 6, 1885 certificate nding physician please remove of 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired? Housewife Crisfield, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ attending Charles W. Howeth Laura Dodson Then 1 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the Address removal, (Yas, no, or unkown) | (Ifyasgive war or datas of sarvica) MRS MARY FORD FAIRMOUNT, the UPPER MD. permit. physician, 18. CAUSE OF DEATH (Enter only one cause per line for (a) ... ib), and (c).] INTERVAL BETWEEN been signed by ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit lie cordio Vos d 11-1 aftending gave rise to immediate cause DUE TO (a), stating the underlying the bur burial, the hospital or certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S c PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18) 20a. ACCIDENT WAS LINDERLYING IT may be retained by the h. DIRECTOR: After this c. 3 should be detached for the State Dept. of Health p. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Hour a.m Not While at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above ..194.6 saw the deceased alive on... .. and that death occurred a SUNATURE 22b. DATE ATTENDING. STAFF SIGNED death. Page 4 PHYS. DIRECTOR PHYS. M D HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) GUY M. REESER. ector, I St. Michaels, Maryland 23a, 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Spacify) P # B ANDREW CEMETERY PRINCESS ANNE.MD. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D_BY REGISTRAR L 25b. REGISTRAR'S SIGNATURE **ADDRESS** PRINCESS ANNE. MD. VR A15 (4) R. WILSON DATE

MARYLAND STATE DEPARTMENT OF HEALTH

20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 one 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE COUNTY MARYLAND event, within 72 hours after b CITY OR TOWN (if autside carparate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN mits, write RURAL and give nearest tawn write RURAL and give nearest tawn) ove corbon popers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ompletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO YES NAME OF First Middle 4. DATE Month Year Day DECEASED OF DEATH 19 (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) Manths Days Hours \square DIVORCED WIDOWED USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Equity & State or foreign country) during mast of working life, even if jetired) COUNTRY? signed by the ottending physicial FATHER'S NAME 14. MOTHER'S MAIDEN burial, cremation, or removal, 450 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN] Address (Yes, na, ar unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the haspital or ottending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUF TO far use as the t Health priar to b stating the underlying cause hos been last 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION of Heolth NO this certificate 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) **Nat While** at wark 21. 1 certify that (1) (this haspital) attended the deceased fram 10 FUNERAL DIRECTOR: and that death accurred at M. fram causes and an the date stated above. saw the deceased alive and 22a. ALGMATURE **DATE SIGNED** ATTENDING STAFF PHYS DIRECTOR PHYS 22d. ADDRES 22c. PHYSICIANS NAME (Type) OR CREMATORY 23d. LOCATION (City or Town). BURIAL, CREMAT ON (County) (State) 2Sa. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13274 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remained by in any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission), o. COUNTY---o. STATE b. COUNTY MARYLAND Dorchester b CITY OR TOWN (If autside corporate lim'ts write RURAL and give neorest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Vienna d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES NAME OF Anna Josephine Moore 4. DATE Day Year DECEASED OF ore (Type or print) 19 DEATH 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED Female White last birthday) Months Days Haurs July 15,1877 WIDOWED 26 10a. USUAL OCC JPATION (G ve kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working fe, even if retired)
Housework COUNTRY? Home Charleston, South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Stillson Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (if yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Unknown No Vienna, Maryland Lawrence R. Moore 18. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO **ATTENDING PHYSICIAN** 20o ACCIDENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. While Nat While factory, styles, office bldg, etc.) at wark L at wark certify that (1) (this hospital attended the deceased from deceased alive ar and that death accurred at 2 M, from caeses and an the date stated above. saw the SIGNATURE DATE SIGNED 22b. **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) R. Lane Wroth M. D St. Michaels, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Miami Florida Removal September14 1966 Miami City Cemetery
ADDRESS 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH y filled in by the funeral requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY albot Maryland Dorchester Acts remove corbon papers. Pages I ond in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Rhodesdale To a sto vi e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in naspital, give street address) R.F.D. 3. NAME OF First Middle Lost 4. DATE Doy ond completely DECEASED OF (Type or print) DEATH S SEX COLOR OF RACE **NEVER MARRIED** DATE OF BIRTH last_bertiday) Hours Doys June 12, 1896 WIDOWED DIVORCED 100. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY ottending official Dorchester County, Md. Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Daniel J. Murphy Elizabeth Thompson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes no grunknown) (If yes give war ar dates af service 201-05-4572 Mrs. Hazel H. Murphy, Rhodesdale, Md. R.F.D INTERVAL BETWEEN signed by the c burial-tronsit p IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I may b retain d by the hospital ar attending physicion. DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause has been for use os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X this certificate 200. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, affice bldg , etc.) Nat While at work O FUNERAL DINECTON: After deceased from 14 days , 19 66, to 14 days, 19 66, that (1) (we) last 19 66, and that deoth occurred at 11 8 M, from causes and an the date stated above. 21. I certify that (1) (this hospital) attended the deceased from 14 days director, page 3 should should be filed with the sow the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Stephen P. M.D. Easton, Md. Carney. 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) September 18 Brookview Cemetery Brookview, Maryland 1966 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24., FUNERAL DIRECTOR **ADDRESS**



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESE	CERTIFICAT	•	SIREEI, BALTIMORE 1, N	AND C
1.	PLACE OF BEATH a. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE a. STATE MARYT, AN	E (Where deceased lived, If institution: 4 b. COUNTY DORCHES	/
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTON	c. LENGTH OF STAY IN 1b One Year		outside corporate limits, write RURAL	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET-ADDRESS		6. IS RESIDENCE DN A FARM?
3.	HOUSE IN THE PINES H	EASTON Middle	ROURIDONO	4. DATE Month	YES NO Year
	(Type or print) Eulalia	Crocheron /	Jorth	DF September	10 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	6. Date of Birth Beb. 26, 189	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR SPUSTRY HOME		ounty & State, or foreign country) 12. Cor Co., Md.	USA
	FATHER'S NAME Eugene Crochero			en name La Johnson	
15 (Ye	S. No. Of Unknwn) I (If we nive war or dates of service)		INFORMANT Hamilton	North, Cambridge, M	aryland
	18. CAUSE OF DEATH (Enter only one cause per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).1	t failire		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which }	Terroclintas	t failire e beant a	lereas.	many years
	gave rise to immediate cause (a), stating the underlying cause last.				10
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
	20a. ACCIDENT WAS UNDERLYING 20b. I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Part 1 or Part 11 of Item 18	.)
MEDICAL		NJURY DCCURRED 20e. PLA facto at work	CE DF INJURY (Home, fa ry, street, office bldg., e		unty) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive on 9/7		0/21/65 , 19 t death occurred at/	15 m, from the causes and on t	
	22a. SIGNATURE Styrken & Ca	M.D	ATTENDING PHYS.	O	ATE SIGNED
	22c. PHYSICIÁN'S NAME (Type)	0	22d. ADDRESS		
	Burial (Specify) Sept 12 1966	Greenlawn Ce	metery	23d. LOCATION (city, town or co Cambridge, Mary	land
24	FUNERAL DIRECTOR	ADDRESS Amboridas N	DATE S	C'D BY REGISTRAR 25b. REGISTRAR	is signature

VR A15 (4) 20M 1/65

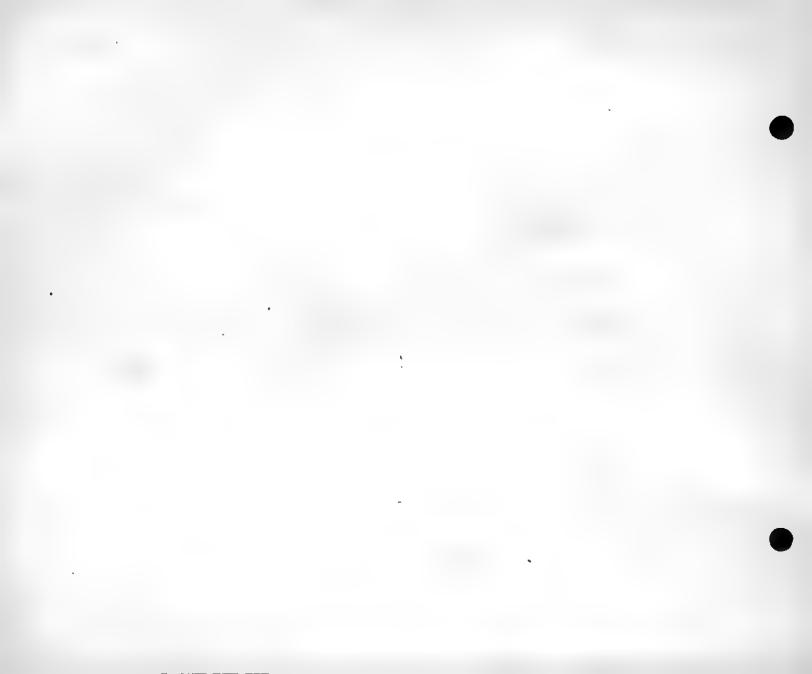
20M 1/65



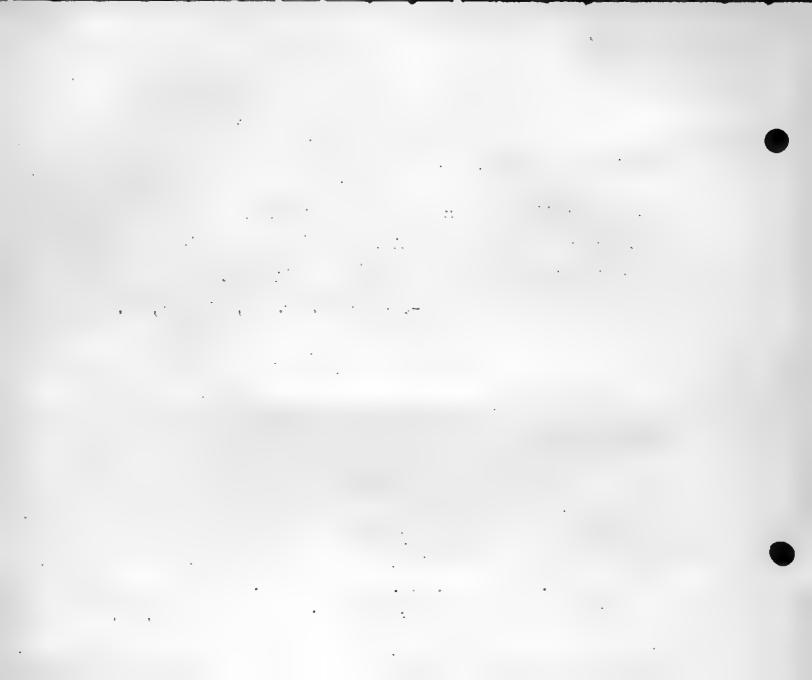
ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution; Rasidence before admission e. COUNTY Page Talbox b. COUNTY Wicomico 6 director. Page or your files. MARYLAND artment b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 e. CITY OR TOWN III outside eorporate limits, write RURAL and give negrest town) write RUBAL and give nearest town) "aston d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, giva straet address) a. IS RESIDENCE ON A FARM? River Road (R.D. Memorial Hospital hours after YES NO 3. NAME OF Month DECEASED OF (Type or print) DEATH AGE (In years IF UNDER I YEAR last birthday) Months Days 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS male. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if refired) USA Plumbing Hebron, Ild. Plumber 13. FATHER'S NAME Mary Ellen Parsons harlie Wesley Phippin 16. SOCIAL SECURITY NO Mrs. Norma Phippin, RD 1 Salisbury, Md. (Yes, no, or unkown) (If yes give wer or detas of service) 18. CAUSE OF DEATH [Enter only one cars per line for (e), (b), and (c).] INTERVAL BETWEEN Office along OF PRINOVA ONSET AND DEATH Occlusion PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which cremation gave rise to Immediate cause DUE TO (a), stating the underlying enuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.79. CERTIFICATION WAS AUTOPSY PERFORMED? NO Medi 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, ferm, 20f. [City or town] (County) (State) lectory, street, office bldg., etc.) Not While While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for should be fo DATE SIGNED SIGNATURE ថ EXAMINER'S NAME (Type) Address (Street, city, town, or county) A should be recorded to the should be record 22a, BURIAL, CREMATION, 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Hebron (emetery Hebron. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YR AISME 5M 1/63



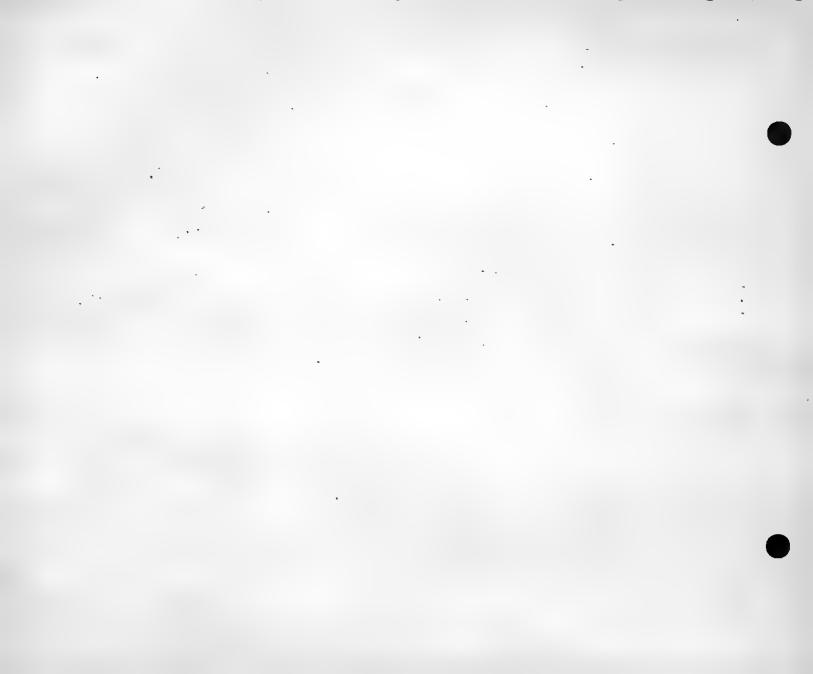
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FOR STATE		. 31	MEDIC	AL EXAMINER	2'5 (CERTIFICATE O	F DEATH		1327	3
HEALTH DEPT.		PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (f nstitution	Residence befo	re odmission)
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Ty delay is 2, and 3 to 2. PM3 Page epartment of after death	L	Easten		D.O.A.		East	on		برار	, , , , , , , , , , , , , , , , , , , ,
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th 1 ges ges far far after hau		Memorial TTO.	p, 101	()		1	aham St.	41		YES NO
after death If Jry delay is 8 Give Pages 1, 2, and 3 to along with farm PM3 Page with the State Department of within 72 haurs after death	3	NAME OF FIRST OF	/ .	Middle	P	Last	4 DATE OF	Month 9	2 Doy	Year 6
er construction of the second	-	(Type or print) CMD (4) SEX 6 COLOR OR RACK 7	MARRIED [NEVER MARRIED [.	7 6	DATE OF BIRTH	9. AGE (n	veors I	FUNDER 1 YEAR	IF UNDER 24 HRS
after 8 Gr alang alang with	ľ	C7 - 7 7	W DOWED	DIVORCED		3/10/66	last bit	rthany) N	onths Doys	Hours Min
heurs Office ond 2	100	USUAL OCCUPATION (Give kind of work done	_	OF BUSINESS OR	-1-	· · · · · · · · · · · · · · · · · · ·	or foreign country)	- Extend	12 CITIZEN O	F WHAT
24 h	dur	ing most of working life, even if retired)	INDUS	STRY		Maryland	1		COUNTRY	?
htin 24 nicil in niner s pages in	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
vith pen ami		Jacob Sherwood				Josephine	Holland			
ed with personal Examiliar	IS	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, grunknown) (If yes give wor or dates of se		IAL SECURITY NO.	17 II	NFORMANT		Address	aston,	Md.
scutting dica	1.,	ss, no, ar on known) (14 yes g ve wor or bores or se	11100		Mot	her Mrs.	Josephine	Sherv	poor	
AL EXAMINER: This certificate should be executed within 24 hours after death If a execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, at. Page 4 should be farwarded to the Chief Medical Examiners Office along with farm 1 for your files. TOR:Page 3 should be used as a burial-transit permit. File pages, Land 2 with the State Deginated agent, prior to burial, cremation, ar remaval, and in My event within 72 haurs of		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY	per lipe*for (o)	, (b), ond (c).)	_	· Wiene		4		TERVAL BETWEEN NSET AND DEATH
Tans		IMMEDIATE CAUSE (o)	Gin	era117 ea	5	epotice in	in-acu	ر) هر		
auld ware he (ial-t tran,		Conditions, if ony, which gove)	75	n1 / 8/0 0	10 4	interto	مآء ک			
to the point of th		rise to immediate couse (o),		rein ruce	K T	Trye Co 4				
cate ng th led t		stoting the underlying couse (c)				9				
certifice writing arwarde used as burial,	-	PART II OTHER SIGNIFICANT CONDITIONS CONT	R BUTING TO I	DEATH BUT NOT RELATED	70 T	HE TERMINAL DISEASE CO	NDITION G.VEN IN PAR	T (a)	19	WAS AUTOPSY PERFORMED?
fan fan an bu	CERTIFICATION								1	TES NO
This facte, be for d be at to ar to	置	200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING C	20b DESCR	BE HOW INJURY OCCUR	RED (Enter noture of injury in	Port or Port II of ite	m 18)		
INER: T ie certific shauld b files 3 should ent, priar		CAUSE OF DEATH								
O DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shauld be fig. 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	MED CAL	20c TiME OF INJURY Month, Day Yeor	HAGA La	Not Wh. o		TE OF INJURY (Home, formany, street, office bidg, etc.)		town)	(County)	(Stote)
DEPUTY MEDICAL EXAM stessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eafth or its designated age	2	p m. 19	ot work L	of work						
lebral Ex sase executivector. Pagi ained for y alrector. Pagi		21 I certify that I took charge of					Inspection [],	, Inquiry		d in my apinion
sign Sign		deoth resulted from Noturol	ouses 🗵	Accident,	Suici	ide, Homicide CHIEF MEDICAL		nined mon	ner 🔛	
MEDICAL E please execu retained for I DIRECTOR: its designate		ACTUAL TO A	17/1	vet.			DIÇAL EXAMINER			22. DATE SIGNED
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DEPU scessor ie fune may t FUNER		NAME (Type)		NELT	V		t, city, town, or county	r)		206
O DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained for Funeral Director. Health or its designed	23	BURIAL, CREMATION, 235 DATE THERE	OF	23c NAME OF CEMETER	OR (CREMATORY	23d LOCATION (City or Town)	Count	y), (State)
=	1	REMOVAL (Specify) (1-26	-66	10/2		t (-11)	D. D.V. O.F.O.I.O.T.D.A.D.	nel prov	113 -11	1/1/2
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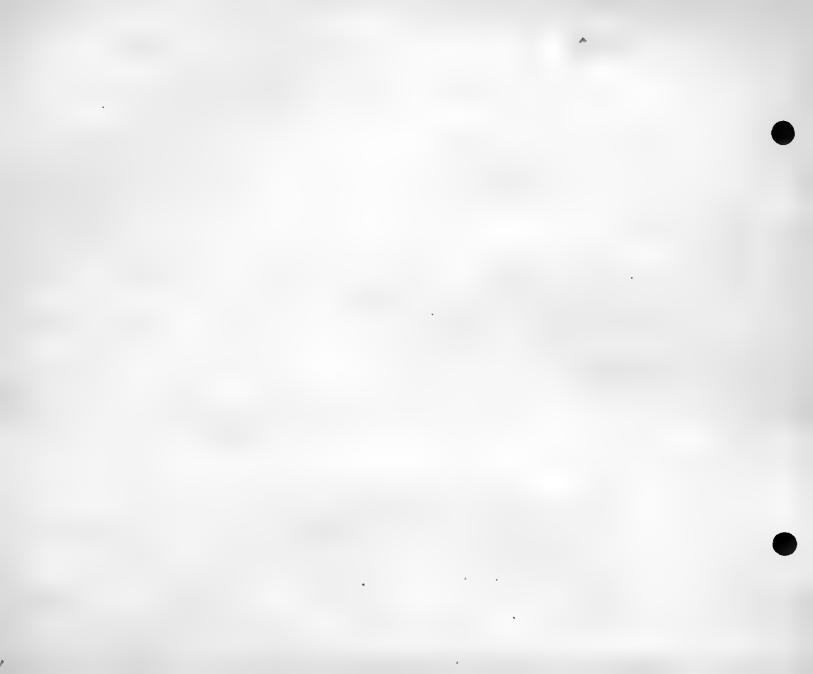
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Company of the Compan	(V'		() 6	E OF DEATH
	funeral and 2		1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	for the second	-		a. COUNTY	a, STATE Manual b. COUNTY 7-11
	after d		_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	24 hours after death filled in by the funeral papers. Pages 1 and 2 pairs after death	3		write RURAL and give nearest town)	Tilohman
	hor ad in	1	_	d. NAME OF HOSPITAL OR INSTITUTION (if not ly hospital, give street address)	d. STREET ADDRESS e, IS RESIDENCE ON A FARM?
	y fills			Menican Hospida-	YES NO E
	Page 4 may be retained by the hospital or attending physician. Fig. 4 may be retained by the hospital or attending physician. IN FUNEKAL INCLOR: After this cartificate has be an signed by the attending physician and completely filled in by the director, page 3 though be detached for use as the burial remain merrin. Then please remove carbon papers. Pages 1 director, page 3 though be detached for use as the burial completion or remove carbon papers. Pages 1 director, page 3 though by the director to burial property within 72 hours after	1	3.	NAMÉ DE PRINTE P	Last 4. DATE Month Day Year DF DEATH 9 1966
	ted com		5.		D. DATE OF BIOTH IN ADE (In where LICINDED (VEAD III) IMDED 24 MDS
	na c			male white WIDOWED DIVORCED	10/2/1881 S4 yrs. Months Days Hours Min.
	e e s	=	108		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	e be sicia leas		3	Inspector Marine Police	Talbot Maryland USA
	icat phy		13	FATHÉR'S NAME	14. MOTHER'S MAIDEN NAME
	ertif			Gus Sinclair	Tabitha Walker
	h c	5	15 (Ye	s, no, or unkown) ((ffyes give war or dates of service)	
	deat e at e at				Mrs. Um. Roe, Tilphman, Md.
	the by th sit			18. CAUSE OF BEATH (Enter only one cause per thic for (a) (b), and (c).] PART I. DEATH WAS CAUSED 8Y	INTERVAL BETWEEN ONSET AND BEATH
	cian ell b	5		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	my many
	hysical signatural	5		Cenditions, If any, which	PHALIAT MAND GERBER DE GIN
	ig p	5		gave rise to immediate	www. Theres our ways off.
	s be	5		cause (a) stating the DUE TO	
	atter atter has se as	<u> </u>	TION	PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO LIKE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	PHYSICIAN: The law requires that the hospital or attending physician, this cartificate has bear signed detached for use as the burial-trandom, of world, which will have burial-trandom, of world, which will be the purial trandom.	5	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 / 20b. DESERTE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URAEO. (Enter nature of injury in Part I or Part II of Item 18.)
	ASIC hos	3			ACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State)
	FF the	<u> </u>	MEDICAL	Hour a.m. While - Not While facto	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street office bldg., etc.)
	d by After	200	ž		2 1 1 10 1 20 10 1 1 1 1 1 1 1 1 1 1 1 1
	ATTENDIN retained b mTOR: Aft			21. I certify that)(I) (this hospital) attended the deceased from // saw the deceased alive on 19 65, and tha	t death occurred at 12 M, from the causes and on the date stated above.
	ret 3 st	7		22a/ SIGNATURE	22b. DATE SIGNED
	y be	2		// TOULD // hall m.i	
	may may	= (/72c. PHYSIC ANS VILLE NAME (Type)	22d. ADDRESS
	ge 4	2 '	-	R. Lane Wroth, M.D.	St. Michaels YOR CREMATORY 123d, LOCATION (City, town or county) (State)
	Page 4 may to pa	olls S	23		Y OR CREMATORY 23d, LOCATION (City, town or county) (State) nctery Sherwood, Md.
		0,	24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE
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	20M 1/65	016	1-		1956 Charles Judge



2	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	· 6		CERTIFICATE OF DEATH
	after death. the funeral ges 1 and 2 after death	1.	PLACE DE DEATH 1. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	5 2 2		a. STATE MAN / b. COUNTY L // /
	in by the fu		b. CITY DR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
	urs Pal ours		Write RURAL and give nearest town) RURA//Bellevne FASHON A MAR OF HOSPINION
	24 hours filled in b apers. Pa n 72 hours		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	pap pap	_	MGMORIAL HOSPHITAL BOX 531 YES NOW
	e be executed within 24 hours sician and completely filled in by leaf remove carbon papers. Pagad the thank event, within 72 hours	3.	DECEASED
	d w mpl car ent,	5.	(Type or print) FAUISE E SMITH DEATH 7 1966
	cute d co nove iy ev	7	ast birthday) Months Days Hours Min.
	ex Fe	10:	EMALE COLORED WIGOWED DIVORCED 746 2, 1913 53 yrs. S. USUAL OCCUPATION (Give kind of work done 10b. Kind Of Business OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	a de de de	dui	ring most of working life, even if retired) COUNTRY2
	physician in please in wal, and the	13	
	certificate be nding physicial removal, and removal.	0	PARENCE GIBSON CARRIE POI/125
	eath certificate attending phys ermit. Then ple on, or removal, a	15 (Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) [(If yes give war or dates of service)]
	death	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO 160-34-0693 WILLIAM SMITH, BELLE VUE, 11/4
	he of the mati		18. CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c).1
	that the sician. gned by th af-transit al, crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	s th nysic nigne rial rial		Conditions, If any, which \ OUE TO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	en sen sen sen sen sen sen sen sen sen s		gave rise to immediate
	ndin ndin be the		cause (a), stating the underlying cause last.
	law atte has e as e as	S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	The cate r us eaftl	CERTIFICATION	YES NO
	pital prital d fo of H	li i	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
	SICI hos s ce ache ept.		
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., etc.)
	ING 1 by Affe Stat	R	p.m. 19 at work 1
	ENG DR: 1		21 Ocertify that (I) (this heapital attended the deceased from 1960, to 1960, that (I) (we) last saw the deceased alive on 1960, and that death occurred at 350 M, from the causes and on the date stated above.
	ATT ret; ECTC 3 sh with		226. SIGNAPORE 22b. OATE SIGNED
	OIR OIR led		M.D. ATTENOING MED. STAFF 9-11-106
	RAL RAL	ľ	22c. PHYSICIAN'S 22d. AGORESS NAME (Type)
	HOSPITAL Page 4 may FUNERAL C director, pag	L	
	FO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death of Page 4 may be retained by the hospital or attending physician. OF FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept.	23	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Control of the control o
		24	FUNERAL QUECTOR ADDRESS 283. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AIS (4)		ames B. Washell Esston, The SEF 21 1966 y Charles Judge
	20M 1/65	17	William Committee Committe



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH sertificate be executed within 24 hours after death filled in by the funeral nappers. Pages I and ond in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY .. a. STATE MARYLAND C. LENGTH OF STAY IN 16 autside cornarate I mits auts/de carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 3. NAME OF remove carban DATE Month Day Year and completely DECEASED OF (Type or print) 19 DEATH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Days Hours COLOREd WIDOWED DIVORCED 1Db KIND OF BUSINESS OR 12. CITIZEN OF WHAT Oa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNDUSTRY COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, cremation, ar removal, otteriling ' 17. INFORMANT WAS DECEASED EVER IN 4. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address requires that the deoth permit. (Yes, no, or unknown) I(If yes give war or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause r this certificate hos been detached far use as the te Dept of Health prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache should be filed with the State Dept 2Dc. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. While factory, street, affice bldg., etc.) 19 at work L at wark TO FUNERAL DIRECTOR: After 19___, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram , ta and that death occurred at 2 A.M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (TypeRobert W. Trever M.D. Easton, Maryland 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRES VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY AROLINE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) NARmony PRESTON RFD mun d. NAME OF HOSPITAL OR INSTITUTION (if not, in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carbon pap ent, within 7 NO X YES etely 3. NAME OF First Middle Last DATE Month Day DECEASED DE event, (Type or print) DEATH 5. SEX any eve 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min 7. MARRIED 12 NEVER MARRIED Months I Days Hours WIDOWED DIVORCED [physician and ph 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Caroline County, Maryland & mandoer Iruck owner ickle WORKS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cossag€ rank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) RFD treston, Ill CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 18. INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ur. IMMEDIATE CAUSE (a). been signed the burial-tr or to burial, (**DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES NO V is certached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. White Not While p.m. at work at work retained 66 to 44 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at 3 M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page DIRECTOR PHYS. PHYS. Page 4 may O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) HARRISIN BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cemeter Md ederals BURING FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR AI5 (4) 1/65

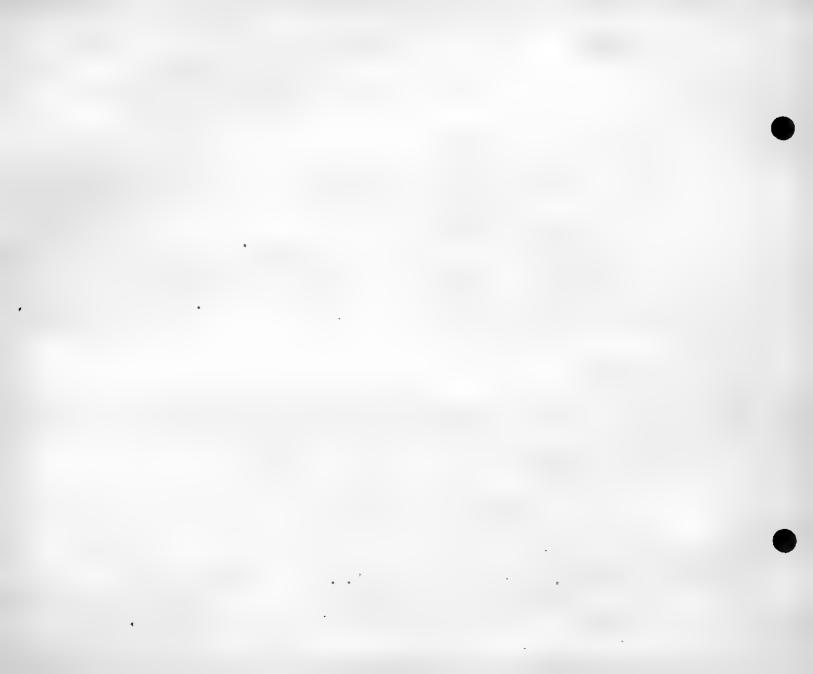


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	CB.		CERTIFICAT	E OF DEATH		1358	1
1. PLACE OF D a. COUNTY	TA 1 bo	7	MARYLAND	o. STATE Md.	Where deceased lived, if institut b. COUI	ion: Residence before VTY	odmission)
b. CITY OR 1 write RU	OWN (If outside carparate li RAL and give nearest tawn)	mits,	C LENGTH OF STAY IN 16	C. CITY OR TOWN (If or Baltimo	utside carporote fimits, write RUI	RAL and give nearest	town)
d NAME OF	HOSP TAL OR INSTITUTION (I	not in hospital,		d STREET ADDRESS			I. IS RESIDENCE ON A FARM?
3 NAME OF	MEMERIA	First	Middle	3902_So	uthern Ave		Year Year
Type or prii		NNIE	E	WAGNER	OF GEATH	12	19 66
S SEX	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8-1-1889	9 AGE (In years last birthday)	Months Days	Hours Min
during most of v	PATION (Give kind of work do rarking life, even if retired) sewife	nne 10b K	IND OF BUSINESS OR IDUSTRY Own Home	11 BIRTHPLACE (County Maryland	& State or foreign country)	12. CITIZEN OF COUNTRY? USA	
13. FATHER'S N			OWII HOME	14. MOTHER'S MAIDEN			-
	Charle			Lydia J			
15. WAS DECEA (Yes, no, ar unk	SED EVER IN U.S. ARMED FORCE town) (If yes give war ar dat	5? 16. es of service)		INFORMANT	Addre		
No.	OF DEATH (Enter only one	couse per line for		rman H. wagn	er RFD#1 Green	INTE	RVAL BETWEEN
PART	I DEATH WAS CAUSED BY-	133	Junten	prumo	aia-	ON	ET AND DEATH
45	00	OUE TO	2711200	ent	Link	11	1 do
rise ta imi	if ony, which gove nediote cause (a),	(b)		agr.	Top	70	J
stoting the	underlying couse	(c)					
	THER SIGNIFICANT CONDITION		TO DEATH BUT NOT RELATED TO	Ang.	NDITION GIVEN IN PART 1(o)		WAS AUTOPSY PERFORMED? NO
⊨ I 20o ACCID	ENT WAS UNDERLYING BUTING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)		
(IF EITHER,	NOTIFY MEDICAL EXAMINER)		Fell at ho		Land de la land	16	(0, 1, 1)
20c. TIME	OF INJURY Manth, Day, Yeo our Tam. pm. 2 Sept	While	Mat While fo	LACE OF INJURY (Home, form ictory, street, affice bldg, etc. HOMI &		(County) Carolin	(Stote)
	certify that (I) (this	nospital) atten	ded the deceased fram_	-t death assumed a	Greensboro 19	19 (a cto	qt (1), (we) last
22c 15161	the deceased alive an			ar dearn accurred a		22b. DATE SIGN	ED and and an e
16	Tefun	2220	of war	M.D. PHYS	MED. STAFF DIRECTOR PHYS.		
22c PHY		namon,	M.D.	22d. ADDRESS East	on, Md.		
23a. BURIAL C	EFMATION 23b DATE		23c. NAME OF CEMETERY O		23d LOCATION (City or To	wn) (Caunty)) (Stote)
REMOVAL Buri	(Specify) 9/19	/66	Baltimore	National	Catonsvill	e, Md.	
24. FUNERAL	PRECTOR Wm. Coo	k-Brooks	IncADDRESS Balti	more, Md .250. REC	D BY REGISTRAR 2Sb. RI	EGISTRAR'S SIGNATUR	₹E



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1212 centificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before, admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I amd PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pus 2MINS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE crematian, or remaval, and in any event, within 72 ON A FARM? NO F YES 3. NAME OF Middle Lost DATE Month Dov Year DECEASED ÔF 19 (Type or print) DEATH IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months lost birthdoy) Dovs WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Md. 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME arser WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO requires that the death signed by the attendibural-transit (Yes, no, or unknown) (If yes give wor or dates of service) Mabel Elizabeth Warner -- Mother Cordova, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o)-(b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a). DUE TO been stoting the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has for use Health p NO K 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) with the State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work M, fram causes and an the date stated abave , 19___, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram should and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. 9/30/66 DIRECTOR directar, page 3 shauld b≡ filed v M.D. PHYS. 22d. ADDRESS Easton, Maryland 22c. PHYSICIAN'S 30/66 Baker NAMELTYPE er 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) Memorial Hospital Easton, Md. 25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Memorial Hospital, Easton, Maryland Meanley Judge

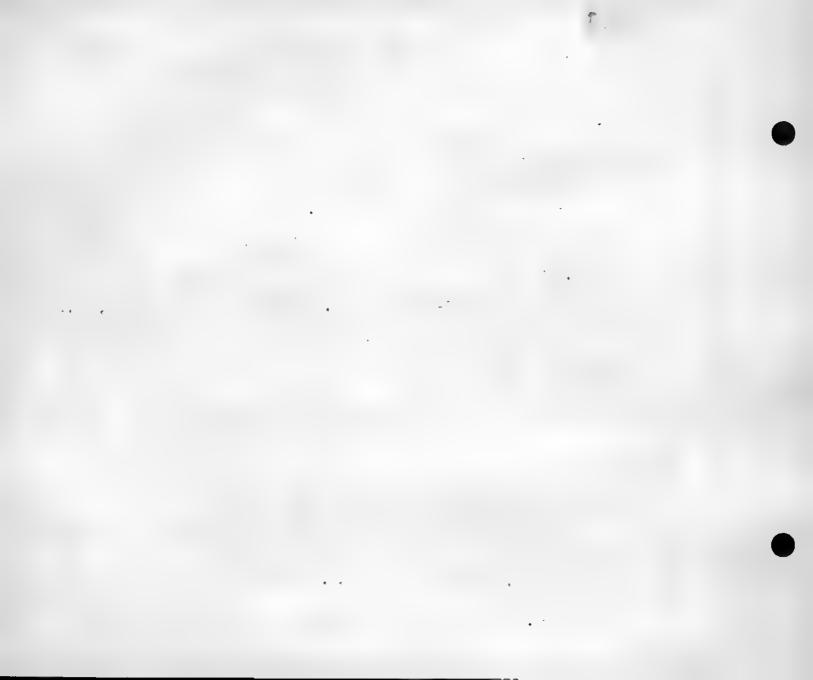
MARYLAND STATE DEPARTMENT OF HEALTH



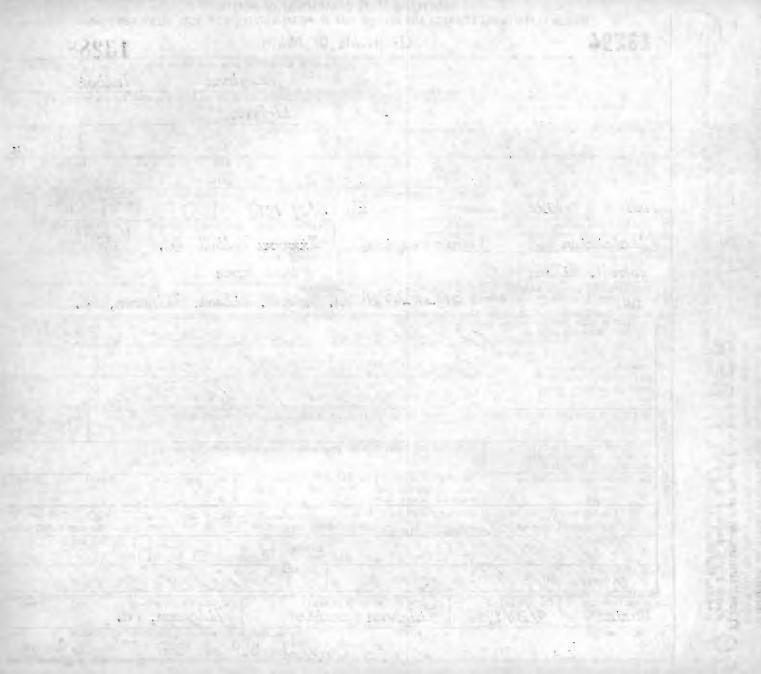
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Res dence before admiss on) o. COUNTY o. STATE b. COUNTY Talbot popers. Pages I hin 72 hours after Maryland MARYLAND Caroline and completely filled in by the feremove carbon popers. Pages b CITY OR TOWN (If putside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Write RURAL and dive negrest town Federalsburg d STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 111 Reliance Avenue NO X YES event, within NAME OF 4 DATE Month HANDY Doy. Year DECEASED OF (Type or print) DEATH 19 S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED tast_birthday) Months Dovs Hours February 7, Male White 1891 WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Foreman INDUSTRY Caroline County.Md Maryland Plastics Inc. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the ottending phys buriol-transit permit. Then to buriol, cremotian, or removal Ruth Dew Newton M. White TS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17 INFORMANT 16 SOCIAL SECURITY NO 213-03 -9647 Mrs. Hilda P. White, Federalsburg, Md. INTERVAL BETWEEN 18. (AUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Poge 4 moy be retoined by the hospital or attending physician **DUE TO** Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO has been s stating the underlying couse director, page 3 should be detoched for use as the should be filed with the State Dept. of Heolth prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work at work 21. I certify that (I) (this hospital) ottended the deceased from 18 may 1966 to 26 19 69 that (1) (we) lost -26 19 66 and that death occurred at 5.56 M, from causes and on the dote stated above. saw the deceased olive on 50 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF 9-27-66 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Stephen R. Carney NAME (Type) Easton. Maryland 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMFTERY OR CREMATORY 23o. BURIAL, CREMATION (County) (Stote) Burial (Specify) Federalsburg, Maryland Sept. 29. Hill Crest Cemetery 1966 ADDRESS 2Sp. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death by the funeral Pages I and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY Maryland b. COUNTY Caroline ease remave carban papers. Pages I and in any event, within 72 haurs after MARYLAND requires that the death certificate be executed within 24 hours after b CHY OR TOWN (If applied corporate limits, C LENGTH OF STAYLIN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Federalsburg - Rural filled in ! d. STREET ADDRESS e IS RESIDENCE ON A FARM? "His not in hospital, give street address) Denton Road YES TO NO T g physician and campletely fight programmer of the physician carban physician and in any event. With 4. DATE Month NAME OF Middle Day DECEASED (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR Z SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Dovs Oct. 22, 1893 Male White WIDOWED DIVORCED 10a, JS, AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even fretired) Retired Machinist and Broiler Grower COUNTRY? Wilmington, Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry E. Wilhelm Ada Daniels IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 221-03-6383 burial, crematian, ar Mrs. Anna Wilhelm, Federalsburg, Md., RFD No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNSFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO . 20o ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Port II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (City or town) (Caunty) Hour a.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased from 16 Aug. 50 1966 to 19 5 5 that (I) (we) last 19 00 and that death/occurred at 200M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE 10-2-66 DIRECTOR M.D PHYS. 22d ADDRESS Easton, Maryland NAME (Type) Stephen P. Carney 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Caunty) (Stote) Wilmington, Delaware Oct. 3, 1966 Silverbrook Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Melianles & VR A15 (4) 20 M 1/66 1966 DATE OC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13294 CERTIFICATE OF DEATH executed within 24 hours after death. death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Talbox a. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES T NO X 3. NAME OF Middle 4. DATE Day Year DECEASED 19 (Type or print) DEATH S. SEX 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** last_birthday) Months Davs Hours WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT pe during most of working life, even if retired) COUNTRY? INDUSTRY State Hospita and Xixwan Talbot lectrician requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. John W. Wilson Ethel James INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no grunknown) (If yes give war or dates af service) John W. Wilson, Tilghman, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and to **burial-transit** PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed 1 Conditions, if ony, which gove rise to immediate cause (a) DUE TO stoting the underlying cause as the attending has been lost. use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar this certificate 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e, PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Haur a.m. foctory, street, office bldg., etc.) Nat While After at wark certify that (1) (this haspital) attended the deceased from 3 should by with the S M, fram causes and an the date stated above. O FUNERAL DIRECTOR: and that death accurred at 3 saw the deceased alive on 220/ SIGNATURE DATE SIGNED 22b. ATTENDING director, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS 22 CAPHYSICIAN" 22d ADDRE BURIAL, CREMATION 23c. NAME OF PEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) emeteru ighman. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Manyland b. COUNTY Talbox o. COUNTY any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest town) aston d. STREET ADDRESS. Washington Street and campletely filled in remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? NO. 3. NAME OF 4. DATE Day Year DECEASED Kemo DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED SE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours white male WIDOWED DIVORCED attending physician and sermit. Then please rem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ombin (11. BIRTHPLACE (County & State, or fareign country) during most atworking life, even if retired) INDUSTRY EQUALIRY? Automotive Maruland 13. FATHER'S NAME burial, crematian, ar remova harles Percu Wyatt Katie Kemr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH the signed by the burial-transit IMMEDIATE CAUSE (o) 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO has been stating the underlying cause director, page 3 should be detached far use as the should be filed with the State Dept, af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) Haur o.m. foctory, street, office bidg., etc.) While Nat While ot wark at work d fram______, 19____, ta_____, 19___, that (I) (we) last and that death accurred at 500M, fram causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased from 19____, that (I) (we) last saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. Robert W. Trever M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Robert W. Trever, M.D. NAME (Type) Easton, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION, (Caunty) (State) Spring Hill Ad. aston. 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 DATE

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